

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on July 14, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Codes and HCPCS Codes 62290-WP, 62290-51, 72295-WP, 76003-26, A4645, 72131-WP, 72100-WP, 71010-WP, 93005-WP, 94760-WP, 99499-RR, 01912-46, J3360, J7040, J2765, 99070, and A4215 for date of service August 6, 2002.

II. RATIONALE

- CPT Code 01912-46 for date of service 08/06/02 denied as “Z – Preauthorization requested but denied”. Per §134.600 anesthesia is not one of the procedures, which requires preauthorization; therefore, per the 1996 Medical Fee Guideline, Anesthesia Ground Rules (I)(B) and (II)(C), reimbursement amount, requested by the health care provider, of \$450.00 is recommended ($60 \div 15 = 4 + 9$ RVU's = $13 \times \$35.00 = \455.00).
- HCPCS Codes J3010, J0690, J2000, A4550, J3360, J7040, J2765, A4215 and CPT Code 99070 for date of service 08/06/02. An EOB was submitted showing payment was made for these codes; explanation code was “C – negotiated contract”. The requestor has not provided supporting documentation showing they are not under a PPO contract; therefore, additional reimbursement is not recommended.

EOB's were not submitted by either party for the CPT codes listed below; therefore these codes will be reviewed per Commission Rules and the 1996 Medical Fee Guideline.

- CPT Codes 62290-WP and 62290-51 (additional 3 levels) for date of service 08/06/02. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(D)(a & b) submitted procedure reports supports delivery of service; therefore, reimbursement in the amount of \$757.50 is recommended ($\$303.00 \div 2 = \151.50 , 151.50×3 additional levels = \$454.50; $\$303.00$ (primary procedure) + \$454.50).
- CPT Code 72295-WP for date of service 08/06/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) diskogram report supports delivery of service; therefore, reimbursement in the amount of \$462.00 is recommended (PC\$ \$76.00 + TC\$ \$386.00).

- CPT Code 76003-WP for date of service 08/06/02. Per TWCC Advisory 97-01 diskogram report supports delivery of service; therefore, reimbursement in the amount of \$116.00 is recommended (PC\$ \$52.00 + TC\$ \$64.00).
- HCPCS Code A4645 (DOP code) for date of service 08/06/02. Per the 1996 Medical Fee Guidelines, Radiology/Nuclear Ground Rule (II)(A)(2)(b) and General Instructions (III)(A) the diskogram report supports DOP criteria; therefore, reimbursement in the amount of \$100.00 is recommended.
- CPT Code 72131-WP for date of service 08/06/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) the diskogram report supports delivery of service; therefore, reimbursement in the amount of \$580.00 (PC\$ \$150.00 + TC\$ \$430.00) is recommended.
- CPT Code 76375-WP for date of service 08/06/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) the diskogram report supports delivery of service; therefore, reimbursement in the amount of \$205.00 is recommended (PC\$ \$17.00 + TC\$ \$188.00).
- CPT Code 72100-WP for date of service 08/06/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) the radiological report supports delivery of service; therefore, reimbursement in the amount of \$56.00 is recommended (PC\$ \$22.00 + TC\$ \$34.00).
- CPT Code 71010-WP for date of service 08/06/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) the radiological report supports delivery of service; therefore, reimbursement in the amount of \$41.00 is recommended (PC\$ \$17.00 + TC\$ \$24.00).
- CPT Code 93005-WP for date of service 08/06/02. Per the 1996 Medical Fee Guideline, CPT descriptor the diskogram report supports delivery of service; therefore, reimbursement in the amount of \$26.00 is recommended.
- CPT Code 94760-WP for date of service 08/06/02. Per the 1996 Medical Fee Guideline, CPT descriptor the diskogram report does not support the delivery of service; therefore, reimbursement is not recommended.
- CPT Code 99499-RR for date of service 08/06/02. Per the 1996 Medical Fee Guidelines. Surgery Ground Rule (V)(B)(3) and General Instruction (III)(A) recovery room report support delivery of service. Reimbursement in the amount of \$80.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 01912, 62290-WP, 62290-51, 72295-WP, 76003-26, 72131-WP, 76375-WP, 72100-WP, 71010-WP, 93005-WP, 94760-WP, 99499-RR and HCPCS code A4645 in the amount of \$2,873.50. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$2,873.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 19th day of February 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
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